



VIOLATIONS OF THE LICENSING LAW REPORT FORM COMPLAINT FORM

Name of Person Making Complaint:	Your Phone Number:	Name of Your Firm or Your Address

Type of Complaint (Check One):

Burglar: ☐ Fire Alarm: ☐ Fire Extinguisher: ☐ Hood Suppression: ☐

Sprinkler: ☐ Locksmith: ☐ Access Control: ☐ Closed Circuit TV: ☐

Date of Violation: _____ Violator (Check One): Firm: ☐ Employee: ☐ Both: ☐

Name of Violating Firm	License # and Type	Date License Issued	Date License Expired	Status of License
Physical Address of Firm	City	State	Zip	Firm Phone Number
Mailing Address of Firm	City	State	Zip	Firm Fax Number
Name of Person Who Did the Work	License Number	License Type	License Expiration Date	
Name of Business or Residence Where Complaint Occurred	Address Where Complaint Occurred	City	State	Zip Code
Contact Name Where Complaint Occurred	Phone Number		Fax Number	
NOTE: If applicable and available, a copy of the State Fire Marshal Inspection Report MUST accompany this form.				
NATURE OF COMPLAINT/VIOLATION (Be As Specific as Possible)				

For Fire Protection/Sprinkler Use Only:

Were plans submitted on project? Yes ☐ No ☐ If so, List Fire Marshal Project Number PO: _____

Was an exemption form submitted: Yes ☐ No ☐ If so, list Exemption Number E: _____

Was a go to work letter obtained: Yes ☐ No ☐ (Sprinkler Systems Only)

OFFICE USE ONLY BELOW THIS LINE

Date Received	Date Assigned	Complaint I.D. #
Date Investigation Started	Date Cleared	
Investigative Officer Assigned	Badge Number	

[illegible]